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## STATE PREVENTION INVENTORY – ILLINOIS PROFILE

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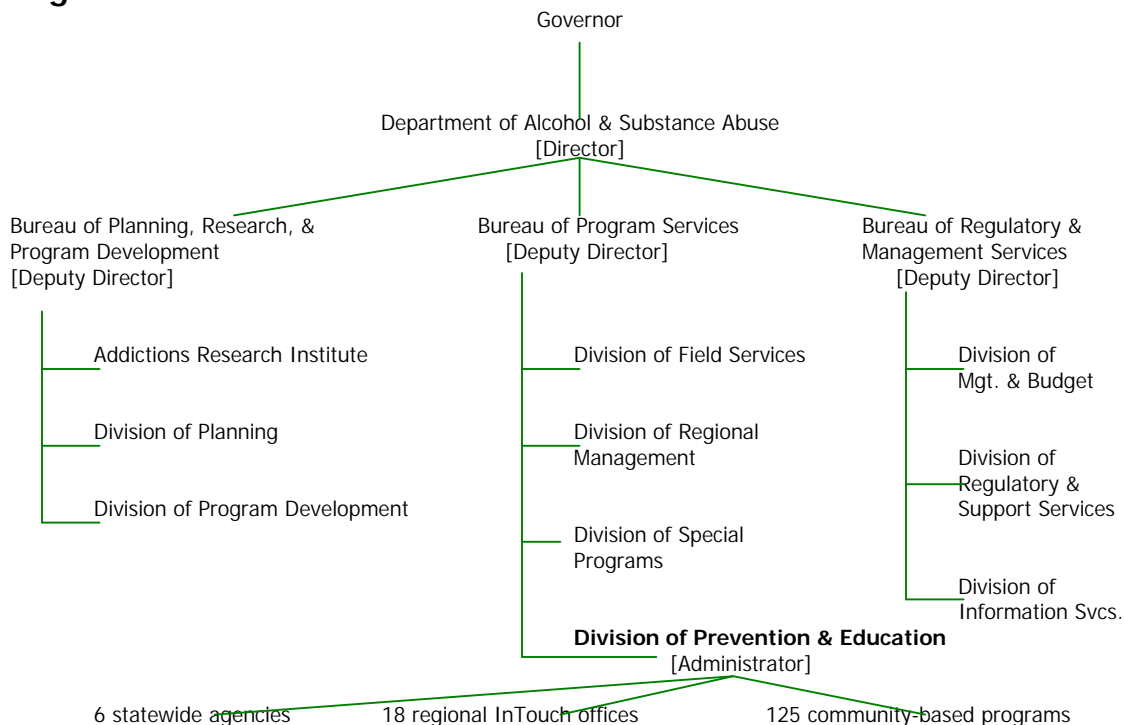
### STATE PREVENTION SYSTEM

#### Structure and Organization

The Illinois Department of Alcohol and Substance Abuse (DASA), a free-standing department, was created as a result of 1983 State legislation. The agency is headed by a director, who reports to the Governor, and three Deputy Directors, one of whom, the Deputy Director of Program Services, oversees the Division of Prevention and Education. The Division of Prevention and Education is responsible for overseeing grant applications and funding awards, oversight and prevention philosophy, program requirements for the DASA-supported prevention network, and the provision of technical assistance.

The delivery of prevention services is the responsibility of the State's prevention network. This network consists of six agencies funded to provide specific statewide services (i.e., training, program development and evaluation, youth leadership training, parent networks); 18 grant-funded regional coordinating offices known as the Illinois Network to Organize the Understanding of Community Health (InTouch); and approximately 125 community-based programs. InTouch offices, each of which is headed by a Prevention Coordinator, are responsible for the coordination and development of prevention initiatives, dissemination of information, and technical support to the community-based providers within their region of the State (or prevention service area). Direct services are provided within each prevention service area by the community-based providers. DASA uses this same statewide, regional, and community-based system to transfer knowledge directly to local communities.

#### Organizational Chart



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### FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$4,011,675	\$45,973,846	\$8,193,884*
1994	5,475,504	51,292,265	11,080,004
1995	10,879,100	53,633,438	15,966,826

\*See Endnotes.

#### Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$1,556,838	\$2,105,201	\$2,873,993
Education	2,294,288	3,102,401	4,949,654
Alternatives	1,147,144	1,662,000	1,915,995
Problem Identification and Referral	0	0	0
Environmental	327,755	443,200	0
Community-based Process	2,867,859	3,767,202	5,428,853
Other	0	0	798,331

Resource Spending	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$0	\$0	N/A*
Quality Assurance	0	0	N/A
Training (post-employment)	0	0	N/A
Education (pre-employment)	0	0	N/A
Program Development	0	0	N/A
Research and Evaluation	0	0	N/A
Information Systems	0	0	N/A

\*Data not available from State.

#### Substate entities receiving set-aside funds for prevention service delivery

- 6 statewide agencies
- 18 regional coordinating offices (InTouch)
- 125 community-based programs

#### Average amount of grant/contract:

- FFY 1993 - \$58,299
- FFY 1994 - \$56,056
- FFY 1995 - N/A\*

\*Data not available from State.

#### Per-capita 20% set-side spending (population):

- FFY 1993 - \$0.70
- FFY 1994 - \$0.83
- FFY 1995 - \$1.11\*

\*Based on FFY 1996 prevention set-aside.

#### Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
  - State: 17 FTE/0 Volunteers
  - Regional: N/A\*
  - Local: N/A
- FFY 1994 -
  - State: 17 FTE/0 Volunteers
  - Regional: N/A
  - Local: N/A
- FFY 1995 -
  - State: 17 FTE/0 Volunteers
  - Regional: N/A
  - Local: N/A

\*The State did not capture these data for FFY 1993-1995.

### STATE CONTACT

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### PROGRAMS AND SERVICES

#### Definition of Prevention:

"Prevention is an ongoing process by which individuals, organizations, and institutions prevent the illegal use of legal substances and the use of illegal substances by building the capacities of systems to promote healthy behaviors, lifestyles, and environments."

#### Does the State have prevention plan?

An informal plan that contains five-year goals is in place.

#### Total Number served:

- FFY 1993 – N/A\*
- FFY 1994 – N/A
- FFY 1995 – N/A

#### Target populations for prevention services:

- Mothers and children
- Public housing residents

\*The State did not track this information in FFY 1993-1995.

#### Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information dissemination	N/A*	N/A	N/A	Prevention Partnership, Inc.; Illinois Prevention Resource Center; Healthcare Alternatives System, Inc.
Alternatives	N/A	N/A	N/A	Omni Youth Services; Prevention Partnership, Inc.; Healthcare Alternatives System, Inc.
Community-based processes	N/A	N/A	N/A	Healthcare Alternatives System, Inc.
Education	N/A	N/A	N/A	Omni Youth Services; Prevention Partnership, Inc.; Grundy-Kendall Education Service Network; Healthcare Alternatives System, Inc.
Environmental	N/A	N/A	N/A	Prevention Partnership, Inc.; Healthcare Alternatives System, Inc.

\*These data were not available from the State for FFY 1993-1995.

## **DATA COLLECTION ACTIVITIES**

**Results currently available on prevention programs funded by the 20% set-aside (including needs assessments and data collection):**

### Needs assessments

DASA holds a two-day planning meeting each Spring for the purpose of developing a work plan that is based on local needs assessments.

### Data collection

DASA receives data from prevention specialists statewide via the DART system, a software package designed to compile units of service in the prevention arena. Initially, a Prevention Service Report (PSR) was utilized, which has subsequently been replaced by this electronic reporting format. DART provides comprehensive information about DASA-funded programs and clients, including admission, service modality, gender, race, type of drug used and route of administration, age, marital status, family size, living arrangements, income and income source, employment, military history, educational level, referral source, treatment history and reason for discharge, and source of payment.

### Evaluation activities

The State has begun to collect outcome information via a program known as Community-Focused Prevention through Risk Reduction (CPR<sup>2</sup>). This program represents a joint collaboration between DASA and the Center for Prevention Research and Development at the University of Illinois. The CPR<sup>2</sup> model aims to reduce ATOD abuse by reducing its associated risk factors; outcomes are measured in 14 risk factor categories, which are grouped in four domains: community, school, family, and individual. Outcomes are similarly measured in nine protective factor categories.

## **SUPPORT SERVICES**

### **Training and Technical Assistance:**

System-wide training and technical assistance support services are provided through the Prevention Resource Center. All State prevention specialists are required to attend, at minimum, a four-part baseline training, an annual research conference, and a series of trainings on outcome-based program planning and program evaluation.

### **Certification Activities:**

Illinois utilizes an independent State Certification Board for certifying its substance abuse prevention professionals. Competency for the prevention professional is assessed on two levels:

- Certified alcohol, tobacco, and other drug abuse preventionist
- Certified senior alcohol, tobacco, and other drug abuse preventionist

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### Endnotes

In FFY 1993, the State of Illinois' prevention expenditures from the SAPT Block Grant fell short of the 20% set-aside limit. At the time of the State's submission of the FFY 1996 application, the State did not have a system in place to track expenditures/obligations by Federal fiscal year – only by State fiscal year. (A new accounting system has been implemented that tracks expenditures/obligations by Federal fiscal year.) However, in FFY 1994-1996, prevention expenditures from the SAPT Block Grant exceeded the set-aside requirement by an average of four percent, and in 1993 State expenditures in prevention more than compensated for this shortfall. The spending patterns also reflect the State's policy of advancing local prevention providers available Federal monies in order for them to maintain their solvency.